U.S. Department of Labor Conflict of Labor-Management Standards
Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

/ C RECD	LY BEFORE PREPARING THIS REPORT.			
E ( NW 102006 )}				
Out of	2 Final Var Committee			
1. File Number U - 2/03/	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Thomas Feeley	Name Local 810 International B'hood of Teamsters			
	Labor Organization File Number 035-479			
P.O. Box, Bldg., Room No., if any 10	P.O. Box, Building and Room Number, if any 10			
Street E 15th Street	Street E 15th Street			
City New York	City New York			
State New York ZtP Code + 4 10003	State New York ZIP Code + 4 10003			
5. Position in labor organization.  Trustee/Eusiness Agent				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name	None			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
	\$0]			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the			
Signed Monry Headel	On 4/18/2006 212 691 4100			
Signed	Date Telephone Number			

e of Person Filing Thomas Feeley		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a Jahar Ornasiantian			
Trade Name, if any:	a. Labor Organization  b. Trust			
P.O. Box, Bldg., Room No., if any				
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	].		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value	of such dealing		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	None			
	12.b. Amount.		\$0	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	Several dinners d	uring the year.		
Name  Bank of America	1			
Trade Name, if any: Columbia Management:				
P.O. Box, Bldg., Room No., if any			<u>}</u>	
Street Avenue of the Americas			1 1	
City New York				
State New York ZIP Code + 4 10036		· · · · · · · · · · · · · · · · · · ·		
13.b. Is the Business an Employer or Consultant (X) ?	14.b. Amount of payment.		\$380	